



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR STABLING PERMIT

Please print all information:

Applicant's Name _____

Mailing Address _____

Phone # _____ # of Horses _____

Lot Size _____

***No permit shall be issued for any such new stabling facilities to be located on premises containing less than three-fourths (3/4) of an acre of land. A fee of Twenty dollars \$20.00 shall be imposed. All permits shall expire on July 1 of each year.**

****If this is a new application, please attach a plan with details of facilities and the lot. Stabling regulations are available at the Board of Health Office.**

Social Sec #/Federal ID #

Signature of Applicant

Date